



1-866-FAM-PACT

Highlights:

- Without contraceptives, the average woman would have 12 to 15 pregnancies in her lifetime.¹
- Family planning benefits women and their families through women's increased ability to attain education and employment.
- Access to family planning and reproductive health services are essential to diminish the personal and societal costs of unintended pregnancy and sexually transmitted infections.
- The Family PACT Program uses innovative outreach techniques to reach this high priority population.
- The Family PACT Program provides clinical services for family planning reproductive health at no cost to eligible uninsured residents.
- Family PACT services for adolescents are free and confidential.
- One main goal of Family PACT is to decrease California's unmet need for family planning services.
- In the first three years of the program, every dollar spent on Family PACT services saved approximately \$4.50 for medical and other public and social service costs.⁸

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Fact Sheet On

Benefits of Family Planning

Background

The benefits of family planning and birth spacing reach far beyond the individual level for women and their families. Women who can plan the number and timing of the birth of their children enjoy improved health, experience fewer unplanned pregnancies and births, and have lower rates of abortion. In addition, women who have control over their fertility have a chance to attain more education and find employment — achievements that enhance their social and economic status and improve the well-being of their families.

- A woman who wants only two children will need to use contraception for almost three decades of her life. Without contraceptives, the average woman would have 12 to 15 pregnancies in her lifetime.¹
- Nationally, every public dollar spent on family planning services saves \$3 in Medicaid costs that would otherwise be needed for prenatal and newborn care.²
- In studies comparing women of similar socioeconomic status, women who become mothers in adolescence are more likely to need public assistance than women who postpone childbearing.³
- Only about half (55%) of women carrying unplanned pregnancies to term received early prenatal care, whereas almost three-fourths (72%) of women with planned pregnancies received such care.⁴
- The average age at first birth for American women has risen from 21.4 years old in 1970 to almost 25 years of age in 2000. Several factors may account for the delay in childbearing, most importantly increased educational opportunities and career choices for women. From 1970 to 2000 the number of women completing college nearly doubled and the number in the labor force increased by almost 40 percent.⁵
- Because high-quality family planning services include testing and treatment for sexually transmitted infections (STIs), access to services can help prevent adverse and expensive reproductive health outcomes, such as ectopic pregnancy, sterility, pelvic inflammatory disease, and human immunodeficiency virus (HIV) transmission.
- Maternal and infant morbidity and mortality can, to a large degree, be prevented by care of related health and medical conditions prior to pregnancy. Use of birth control allows time for that care.⁶

Family PACT Program

California's Family PACT Program provides clinical services for family planning reproductive health at no cost to eligible uninsured residents, filling a critical gap in health care for the indigent, low-income, and working poor. Women and men are eligible if they reside in California, are at risk of pregnancy or causing pregnancy, have a gross family income at or below 200% of the federal poverty level, and have no other source of health care coverage for family planning services. The Family PACT Program is administered by the Department of Health Services, Office of Family Planning.

Who Benefits?

Publicly-funded family planning services are key to helping California women plan and space their children. Low-income women (≤ 200% of the federal poverty level) make up 40% of California’s women of reproductive age, yet account for nearly two-thirds of California’s births.⁷

- In California, 25% of women aged 15-44 do not have private health insurance or Medi-Cal.⁸ Family PACT provides them with the opportunity to easily access family planning reproductive health services.
- California’s teen birth rate has declined significantly since the Family PACT Program began in 1997. Nevertheless, the state’s teen birth rate still remains high (46 out of every 1,000 women 15-19 years old gave birth in 2001).
- Men are important partners in determining the reproductive health of couples. Male participation in Family PACT more than quadrupled in 3 years.

Cost Benefit

Cost-benefit analysis of the first three years of the program, fiscal years 1996/97-98/99, demonstrated that Family PACT⁹:

- Saved approximately \$4.50 in medical and social service costs (in addition to any public sector savings that would result from preventing an unintended pregnancy beyond two years after birth) for every dollar spent on Family PACT client services.
- Saved over \$512 million in public funds that would have been spent on medical care, income support, and social services as a result of an unintended pregnancy.
- Averted approximately 108,000 unintended pregnancies that would have resulted in 50,000 unintended births, 41,000 induced abortions, 15,000 miscarriages, and 1,400 ectopic pregnancies.
- Saved California an estimated \$209 million solely in social service costs (including Cal-WORKS, Women, Infant & Children and food stamps) in the first two years after birth alone.¹⁰

Conclusion

Access to family planning services is vital to the health and future of California. The ability to plan the number and spacing of births increases the likelihood for positive health outcomes for women, men and their children. In addition, opportunities for educational and economic achievements are greater for women who have the ability to plan their pregnancies. Improving knowledge about contraception, and ensuring and increasing access to effective family planning options for women are essential to decrease unintended pregnancies. California’s Family PACT Program has made significant progress in meeting this need. The costs of this family-planning program are small relative to the dividends that the entire state reaps by preventing unintended pregnancies.

This information was compiled by the University of California, San Francisco, Center for Reproductive Health Research & Policy under contract #00-90982 with the California Department of Health Services – Office of Family Planning.

¹ Stanley Henshaw & Kathryn Kost, *Parental Involvement in Minors’ Abortion Decisions*, 24(5) Family Planning Perspectives 197, 199-200, 207 (1992).
² Forrest JD and Samara R, Impact of publicly funded contraceptive services on unintended pregnancies and implications for Medicaid expenditures, *Family Planning Perspectives*, 1996, 28(5):188–195.
³ National Campaign to Prevent Teen Pregnancy. Whatever happened to childhood? The problem of teen pregnancy in the United States. Washington, D.C., 1997.
⁴ Chandra A. Health aspects of pregnancy and childbirth, United States, 1982-1988. Data from the National Survey of Family Growth Series 23, Hyattsville, Maryland: US Department of Health and Human Services, Public Health Service, CDC, NCHS, 1994.
⁵ Mathews TJ, Hamilton BE, Mean age of mother, 1970-2000. National vital statistics reports; vol 51 no 1. Hyattsville, Maryland: National Center for Health Statistics. 2002.
⁶ www.marchofdimes.com
⁷ Braveman P, Egerter S, and Marchi K. The prevalence of low income levels among childbearing women in California: Implications for the private and public sectors. *American Journal of Public Health* 1999; 89:868-874.
⁸ Wyn R, Martin R. *Women at Risk in California: A Chartbook on Health Insurance Coverage and Access to Care*, 1998.
⁹ Family PACT data presented in this fact sheet are drawn from Family PACT enrollment and claims data, and the Family PACT Program Evaluation Report. Unpublished report 2000.
¹⁰ Singer M, Biggs A, Brindis C. *The Costs and Consequences of Unintended and Adolescent Pregnancies Beyond Two Years After Birth*. A report to the State of California, Department of Health Services, Office of Family Planning, 2002.